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APPLICANTS

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*PS*

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/436,028 05/12/2003 PAT 6,916,852

*Name*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MS	SHEETS DRAWING 3	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
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Verified and Acknowledged

Examiner's Signature *PS* Initials

ADDRESS

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TITLE

Method and kit for regulation of microvascular tone

FILING FEE  RECEIVED 448	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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